



THE SECRETARY OF VETERANS AFFAIRS  
WASHINGTON

August 20, 2004

The Honorable Duncan Hunter  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

Enclosed is the "2004 Report to Congress on the Department of Veterans Affairs (VA) Bed Capacity in Support of Department of Defense (DoD) Contingency Planning." The data are derived from our latest assessment as reported to us by individual VA medical facilities in January 2004. Also enclosed is a statement of the cost of preparing this report and a brief explanation of the methodology used in preparing the cost statement.

The Memorandum of Understanding between VA and DoD implementing Public Law 97-174 requires VA to submit annually to DoD a VA contingency plan based on an estimate of beds that could be made available to support DoD in the event of war or national emergency. We have jointly reviewed this report with DoD and are sending it to you for your information.

Should you have any questions about this report, please have your staff contact Doug Dembling, Congressional Relations Officer, at (202) 273-5615.

Sincerely yours,

A handwritten signature in black ink, reading "Anthony J. Principi", is positioned above the printed name.

Anthony J. Principi

Enclosures

**2004 REPORT TO CONGRESS ON THE**  
**DEPARTMENT OF VETERANS AFFAIRS (VA) ESTIMATED BED CAPACITY**  
**IN SUPPORT OF DEPARTMENT OF DEFENSE (DoD) CONTINGENCY PLANNING**

The VA/DoD Health Resources Sharing and Emergency Operations Act, Public Law 97-174, was enacted on May 4, 1982. The law gave the Veterans Administration (now the Department of Veterans Affairs) an added mission - to serve as a principal health care backup to DoD in the event of war or national emergency. Plans were developed jointly by VA and DoD to implement Public Law 97-174 by establishing a VA/DoD Contingency Hospital System. One important objective of the planning effort was to assess VA's bed capacity to care for sick and wounded Armed Forces personnel in time of war or national emergency.

VA medical centers assess five specific bed categories required by DoD. Assessments take into account the impact on local operations of VA employees subject to mobilization, since long-standing VA policy is that no employees are unavailable for active military duty in a national emergency by reason of their VA positions or assignments.

DoD policy requires Federal agencies to continually screen their ready reservists in peacetime to ensure immediate availability of these individuals during any mobilization. The DoD Authorization Acts of 1982 and 1983 elevated the mobilization priority of standby reservists and certain military retirees under age 60 in good physical health. VA's screening list now identifies 13,507 employees who are subject to mobilization. Of this number, 11,192 are Veterans Health Administration (VHA) personnel assigned to VA medical centers.

The reported bed estimates are for staffed operating beds in the five DoD evacuation categories (Critical Care, Pediatric, Med/Surg, Psychiatric, and Burn) and take into account contingency planning considerations such as projected loss of personnel to mobilization, other staffing issues, beds out of service due to construction, planned program reductions or expansions, and other factors that may affect patient care capacity.

VA's objective is to provide DoD with maximum bed availability in the specific contingency bed categories within 72 hours of activation of the VA/DoD Contingency Hospital System. In order to accomplish this, VA could arrange care for some patients at civilian community hospitals (subject to the President's approval).

VA Secondary Support Centers (SSCs) could provide backup to the Primary Receiving Centers (PRCs) by accepting transfers of patients or providing resources. Fifty-nine VAMCs (38 PRCs, 16 SSCs, and 3 additional VA Medical Centers) and two outpatient clinics have been classified as Installation Support Centers. The Installation

Support Centers could assist a neighboring DoD installation or medical facility with medical needs during a military mobilization.

VA medical centers have completed their twenty-first annual capability assessment. The attached tables reflect information based on the individual VAMC VA/DoD contingency data submissions in January 2004. Table I identifies the estimated VA staffed bed capability for contingency planning. Table II shows the same estimated staffed bed capability of the Primary Receiving Centers. Table III reflects bed capability of the Secondary Support Centers and Installation Support Centers. Table IV identifies the number of VHA employees who are subject to military mobilization.

VA will continue to furnish health care services to the Department of Defense in time of war and national emergency. The VHA Emergency Management Strategic Healthcare Group maintains regional liaisons with partner agencies to ensure that the National Disaster Medical System provides a civilian backup component to the VA/DoD Contingency Hospital System if needed. Involvement in this ongoing emergency preparedness effort enables VA to improve its response capability in communities across the Nation. Furthermore, VHA's medical facilities regularly test and upgrade emergency management plans through training and exercises.

**TABLE I**  
**2004 - ESTIMATED VA CONTINGENCY BEDS**  
**(All VA Medical Centers)**

<u>BED CATEGORY</u>	<u>WITHIN 24 HOURS</u>	<u>WITHIN 72 HOURS</u>	<u>&gt;THAN 72HOURS</u>
Critical Care	359	614	840
Pediatrics	0	0	0
Med/Surg	1,739	2,696	3,592
Psychiatric	847	1,308	1,603
Burn	0	0	0
<b>TOTAL</b>	<b>2,945</b>	<b>4,618</b>	<b>6,035</b>

**TABLE II**  
**2004 - ESTIMATED VA CONTINGENCY BEDS**  
**(65 Primary Receiving Centers)**

<u>BED CATEGORY</u>	<u>WITHIN 24 HOURS</u>	<u>WITHIN 72 HOURS</u>	<u>&gt;THAN 72 HOURS</u>
Critical Care	264	468	635
Pediatrics	0	0	0
Med/Surg	1,260	1,978	2,560
Psychiatric	563	854	1,046
Burn	0	0	0
<b>TOTAL</b>	<b>2,087</b>	<b>3,300</b>	<b>4,241</b>

**TABLE III**  
**2004 - ESTIMATED VA CONTINGENCY BEDS**  
**(Installation Support Centers and Secondary Support Centers)**

<u>BED CATEGORY</u>	<u>WITHIN 24 HOURS</u>	<u>WITHIN 72 HOURS</u>	<u>&gt;THAN 72 HOURS</u>
Critical Care	95	146	205
Pediatrics	0	0	0
Med/Surg	479	718	1,032
Psychiatric	284	454	557
Burn	0	0	0
<b>TOTAL</b>	<b>858</b>	<b>1,318</b>	<b>1,794</b>

**TABLE IV  
VHA EMPLOYEES  
SUBJECT TO MILITARY MOBILIZATION**

**21 VISNs = Veterans Integrated Service Networks**

<u>VISN No./Location</u>	<b>READY RESERVISTS</b>			<b>RETIREEES</b>	
	<u>AGE 18-45</u>	<u>AGE 46-59</u>	<u>AGE 60+</u>	<u>AGE 18-45</u>	<u>AGE 46-59</u>
1 - Boston, MA	83	103	4	13	155
2 - Albany, NY	67	72	5	15	111
3 - Bronx, NY	80	65	9	3	70
4 - Pittsburgh, PA	103	118	5	17	169
5 - Baltimore, MD	90	85	2	21	163
6 - Durham, NC	114	103	9	37	327
7 - Atlanta, GA	184	185	5	77	519
8 - Bay Pines, FL	289	245	7	70	412
9 - Nashville, TN	110	118	4	44	210
10 - Cincinnati, OH	85	84	4	24	166
11 - Ann Arbor, MI	111	86	7	9	116
12 - Chicago, IL	90	89	1	15	137
15 - Kansas City, MO	70	111	4	27	185
16 - Jackson, MS	267	229	12	69	578
17 - Dallas, TX	116	104	8	60	472
18 - Phoenix, AZ	142	94	3	40	305
19 - Denver, CO	53	76	2	21	192
20 - Portland, OR	139	98	4	49	351
21 - San Francisco, CA	97	86	4	30	256
22 - Long Beach, CA	139	86	2	24	408
23 - Minneapolis, MN	119	93	2	23	221
<b>VHA TOTALS</b>	<b>2548</b>	<b>2330</b>	<b>103</b>	<b>688</b>	<b>5523</b>
<i>Drilling Reservists</i>		4,088			
<i>Individual Ready Reservists (IRR)</i>		705			
<i>Standby Reservists</i>		188			
Subtotal, Ready Reservists All Ages			4,981		
Subtotal, Military Retirees, Age 18-59*			6,211		
<b>TOTAL EMPLOYEES SUBJECT TO MOBILIZATION</b>			<b>11,192</b>		

\*Excludes military retirees age 60 and over

Information derived from DoD/VA report dated December 31, 2003.

**Estimate of Cost to Prepare  
Congressionally-Mandated Report**

ATTACHMENT

<b>Short Title of Report:</b>	<u>VA Estimated Bed Capacity in Support of DoD Contingency Planning (Interim Report to DoD)</u>
<b>Report Required By:</b>	<u>P.L. 97-174 (1982) and resulting MOU with DoD (1982)</u>

In accordance with Title 38, Chapter 1, Section 116, the statement of cost for preparing this report and a brief explanation of the methodology used in preparing the cost statement are shown below.

<b>Manpower Cost:</b>	<u>\$5,747</u>
<b>Contract(s) Cost:</b>	<u>\$0</u>
<b>Other Cost:</b>	<u>\$0</u>
<b><u>Total Estimated Cost to Prepare Report:</u></b>	<b><u><u>\$5,747</u></u></b>

Brief Explanation of the methodology used in preparing this cost statement: